PRINT in BLACK ink				
Enter the name of the county in which the original case was filed.	STATE OF WISCONSIN, CII	RCUIT COURT,	COUNTY	For Official Use
Check marriage or paternity. If paternity, enter initials of child.	In RE: The ☐ marriage ☐ p	paternity of:		
Enter the name, address, and daytime phone	Petitioner/Joint Petitioner:			
number of the petitioner or joint petitioner from the original case file.	First name Middle name	e Last name		
On the far right, enter the	Current Mailing Address	Zin Doutime oh	hono numbor	Order To Show Cause
original case number.	vs. Respondent/Joint Petitione		hone number	and Affidavit for Finding of Contempt
	Respondent/Joint Fetitione	51.		
Enter the name, address, and daytime phone number of the respondent	First name Middle nam	e Last name)	
or joint petitioner from the original case file.	Current Mailing Address			
	City State	Zip Daytime ph	hone number	
Check if the State of Wisconsin is a party or not. If you are unsure, you may call your local Child Support Agency.	The State of Wisconsin (Child is is not a party to this actio			Case No.
Enter the name of the party you want to appear in court.	ORDER TO SHOW CAUSE Upon the attached Affidavit, IT IS ORDERED THAT: appear in person at the following date and time:			
in court.	Before:			
For Court Use Only: This section will be completed by the court.	Location:			
completed by the court.	Date:			
	Time: a.m./p.m., or as soon as the matter may be heard,			
	To show cause why YOU should not be found in contempt of court as requested in the attached affidavit. If you do not appear as indicated, the court may hold the hearing without you and grant the request, including issuing an order to have you arrested and committed to the county jail. You also have a right to be represented by an attorney at this hearing. Unless good cause is shown, failure to appear without an attorney will be deemed a waiver of that right.			
	• •	to show cause and a		personally served upon all other
 parties at least 5 business days before the date of the hearing. Both parties bring to court a fully completed, dated, and signed Income and Expense Statement and all required attachments. 				
				
	BY THE COURT:		C	circuit Court Judge/Circuit Court Commissioner
For Court Use Only				Name Printed or Typed
				Date

AFFIDAVIT FOR FINDING OF CONTEMPT

Check all those 1. The other party was court ordered to do the following and has failed to do so: categories for which you Pay child support in the amount of \$_____ per ____ believe the other party is Pay maintenance (spousal support) in the amount of \$_____ per _____. in contempt. If other, Pay family support in the amount of \$_____ per _____. mark the box and write Pay uninsured medical bills in the total amount of \$ for what you believe the Copies of the unpaid bills are attached to this Affidavit. other party is in Return property that was awarded to me. contempt. ☐ Sign/complete final documentation (Quit Claim Deed, QDRO, WI Real Estate Transfer Return, vehicle titles, etc.). IF the issues are related Pay debts that he/she was ordered to pay. to legal custody or Pay the amount of \$_____ to equalize the property settlement. physical placement of a Allow me to claim the children as tax exemptions as ordered. child, the Notice of Provide medical insurance cards and/or other medical records. Hearing and Petition to Pay transportation expenses related to placement in the total amount of \$ **Enforce Physical** Other: Placement form is Other: ____ available. Other: Other: Other: Enter the date the current court order or judgment 2. The court order that I am asking to be enforced was dated: was signed by a court official. **3.** The facts supporting my reasons for believing that the other party is in contempt are as follows: Enter the facts that support your claim. If you need additional space, mark the box and attach the sheets. See attached If you need help in this matter because of a disability, please call: STOP! Take this document to a Notary Public BEFORE you sign it. After you have been Signature sworn by a Notary Public, sign and print Print or Type Name your name and date the document in front of the Date Notary Public. Subscribed and sworn to before me Have the Notary Public (Seal) sign, date, and seal the document. Notary Public. State of Wisconsin My commission expires:_____

A copy of this Order to Show Cause and Affidavit must be served upon all other parties **at least 5 business days** before the date of the hearing. See Service Packet for more information.